


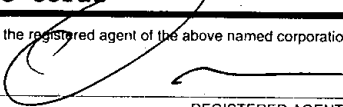
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>01 SEP 10 PM 4:29</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
<b>DOCUMENT # P98000039672</b>				
<b>1. Corporation Name</b> Bibo-Tech, Inc.				
<b>2. Principal Office Address</b> 1105 Cape Coral Pkwy.E. Suite, Apt. #, etc. Suite C City & State Cape Coral, Florida Zip 33904 Country USA				
<b>3. Mailing Office Address</b> 1105 Cape Coral Pkwy.E. Suite, Apt. #, etc. Suite C City & State Cape Coral, Florida Zip 33904 Country USA				
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> April 30, 1998				
<b>5. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status				

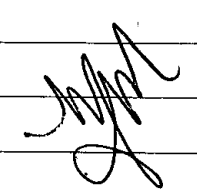
**7. Name and Address of Current Registered Agent**

<b>Name</b> Darrin R. Schutt, Esq.		<b>200004588582-7</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1105 Cape Coral Parkway, East		<b>-09/14/01-01049-016</b>	
<b>Suite, Apt. #, Etc.</b> Suite C		<b>****300.00 ****300.00</b>	
<b>City</b> Cape Coral	<b>State</b> FL	<b>Zip Code</b> 33904	

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

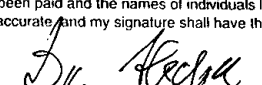
**Signature of Registered Agent**  **Date** 7/10/01  
**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D	Hecht, Christian	1824 S.W. 48th Lane	Cape Coral, Florida 33904
			<b>200004588582-7</b>
			<b>-09/14/01-01049-017</b>
			<b>****150.00 ****150.00</b>
			

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

07/23/01